## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
EE DETERMINATION			6-01
O.I.P.E. CLASSIFIER FORMALITY REVIEW	D. 7	<u> </u>	D 111. 0 C
RESPONSE FORMALITY REVIEW	172	8617	

## INDEX OF CLAIMS

	HIDEK G.	Non-elected	d
,	Rejected	Interference	e
	(Through numeral) Canceled	Appeal	
_ ÷	Restricted	O Objected	

	(Through numeral) Call
	- nos
	Date
Claim	Daily Town
tenginal 13	Final Original
Final Sylvan	Final C
<u> </u>	
<u> </u>	
3 N	
4 N	
5 N	
6 N	
7 1	<del>╽</del> ╌┼╌┼╌┼╌┤╴┞╾┼
8 N	<del></del>
9 2	+++++
10 N	
11 N	
13 N	
14) N	
TE N	
16 N	
17 7 7	<del>▕</del>
18 J	┍╌╃╌┼╼┼╼┼╼┼═┤╴┞╾
19] /	<del>╒┋┋┋┋</del>
20 /	<del>┡</del>
21	
22 /	
24	
25	
26	
27	
28	<del>╽</del> ┼┼┼┼┼┤
29	<del>┧╸┤╸┤╸</del> ┼╸┼╸┼╸┤
30	+++++
31 32	
33	
34	
35	
36	
37	
38	
39	-+-+-+-
41	
42	
43	
44	
45	
46	<del>                                     </del>
47	<del>                                      </del>
48	++++++
49	+

Claim         Date           Image: Street
Tell   Fe
51         52         53         54         55         56         57         58         59         60         61         62         63         64         65         66         67         68
52         53         54         55         56         57         58         59         60         61         62         63         64         65         66         67         68
53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68
54 55 56 57 58 59 60 61 62 63 64 65 66 67 68
55 56 57 58 59 60 61 62 63 64 65 66 67 68
56 57 58 59 60 61 62 63 64 65 66 67
58 59 60 61 62 63 64 65 66 67 68
59 60 61 62 63 64 65 66 67 68
60 61 62 63 64 65 66 67 68
61 62 63 64 65 66 67 68
62 63 64 65 66 67 68
64 65 66 67 68
65 66 67 68
66 67 68
67
68
69
70
72 73
74
75
76
77 78
79
80
81
82
83
85
86
87
88
90
91
92
93
94
96
97
98
99

	Objected	
Cla	im	Date
Cia		
-	Original	
Final	Original Policy	
-	101	
-	102	
-	103	
-	104	
-	105	
-	106	
	107	
	108	
	109	
	110	
	111	
	112	
	113	
	114	
	115	<del>                                     </del>
	116	<del>                                      </del>
	117	<del></del>
	118	_}_}
1	119	<del>- - - - - - - - - - - - - - - - - - - </del>
	120	<del></del>
	121	<del>- - - - - - - - - - - - - - - - - - - </del>
	122	
	123	
-	124	
-	125 126	
-	127	
-	128	
-	129	
-	130	
-	131	
7	132	
7	133	
7	134	<del>                                     </del>
	135	<del>                                      </del>
	136	<del>                                      </del>
	137	<del>                                     </del>
	138	<del>-\\\\\\</del>
	139	
	140	<del></del>
	141	<del></del>
	142	
	143	<del></del>
	144	++++++++
	145	-+-+-
	146	
+	148	
-	149	
+	150	
اســــــــــــــــــــــــــــــــــــ	<del></del>	



If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)